

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 / 485

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Peter C Janes

Mailing Address PO Box 1303

City

Frisco

State

CO

Zip Code

80443-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vail Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: AB410DDB370BD430C95A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Peggy L Naas

Mailing Address 7200 Willow View Cove

City

Chanhassen

State

MN

Zip Code

55317-7514

FEC ID number of contributing
federal political committee.

C

Name of Employer
VHA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: A1D2095E1FCD74FD1B95

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Daniel R Ripa

Mailing Address 4000 S 98th St

City

Lincoln

State

NE

Zip Code

68520-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Ortho & Sports
Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: A9E8980E590EF4A6AA70

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)